

## Electronic Patent Application Fee Transmittal

| <b>Electronic Patent Application Fee Transmittal</b> |  |          |        |                      |
|--|--|----------|--------|----------------------|
| <b>Application Number:</b>                           | 10685746   |          |        |                      |
| <b>Filing Date:</b>                                  | 14-Oct-2003  |          |        |                      |
| <b>Title of Invention:</b>                           | Methods and compositions for treating erectile dysfunction |          |        |                      |
| First Named Inventor/Applicant Name:                 | Reid M. Rubsamen   |          |        |                      |
| <b>Filer:</b>  | Karl Bozicevic/Kimberly Zuehlke                            |          |        |                      |
| <b>Attorney Docket Number:</b>                       | AERX-080CIP2   |          |        |                      |
| Filed as Large Entity                                |  |          |        |                      |
| <b>Utility Filing Fees</b>                           |  |          |        |                      |
| Description  | Fee Code   | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                 |  |          |        |                      |
| <b>Pages:</b>  |  |          |        |                      |
| <b>Claims:</b>                                       |  |          |        |                      |
| Claims in excess of 20                               | 1202   | 1        | 50     | 50                   |
| <b>Miscellaneous-Filing:</b>                         |  |          |        |                      |
| <b>Petition:</b>                                     |  |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>              |  |          |        |                      |
| <b>Post-Allowance-and-Post-Issuance:</b>             |  |          |        |                      |
| <b>Extension-of-Time:</b>                            |  |          |        |                      |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 790    | 790                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>840</b>           |